

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000273

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type) _____ CODE NO. _____

Pick up Address (NUMBER) _____ (STREET) _____ (CITY) _____

Telephone Number: _____ P.O. or Contract No. _____

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: _____ CODE NO. _____
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ CODE NO. _____

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH: _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY) _____

Containers: (NUMBER) _____ ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY) _____

Physical State: _____ ☐ solid ☐ liquid ☐ sludge ☐ other (SPECIFY) _____

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 6-30-79 (DATE) Time: _____ (am or pm)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating and Monterey Park CODE NO. _____

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ CODE NO. _____
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
- ☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify): _____ CODE NO. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-30-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001205

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O.T. Proper Shipping Name _____

DISPOSAL STATE COPY